FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| | OM | BAP | PRO | VAL |
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| MD | Numb | | | 2225 |

OMB Number: 3235-0076

Expires: November 30, 2001

Estimated average burden

| ours per respo | ise 10.00 |
|----------------|-----------|
| SEC USI | ONLY |
| Prefix | Serial |
| | |
| DATE RE | CEIVED |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series C Preferred Stock | |
|--|--|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: Amendment | Section 4(6) ULOE |
| A. BASIC IDENTIFICATION DATA | |
| 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) LongBoard, Inc. | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 3121 Jay Street, Santa Clara, CA 95054 | Telephone Number (Including Area Code) 408-571-3300 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business Telephony Feature Application Servers and Infrastructure Platform | RECEIVED |
| Type of Business Organization corporation | WAY 1 5 2002 PROCESSED (please specify): MAY 2 3 2002 |
| Actual or Estimated Date of Incorporation or Organization: Month Year | Actual 164 Estimated THOMSON FINANCIAL |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be a small accompany this form. be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice,

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

| | 1.5 | | | A. BASIC II | DENT | IFICATION DATA | J.Harina | | |
|--|--------------------------------|--|--------------------------------|------------------------|-------------|--|-------------|----------|------------------------------------|
| Each beneficial ow | ne issue ner hav cer and | r, if the issuer h ing the power to director of corp | as been vote or orate is | suers and of corporate | vote or | e years; disposition of, 10% o l and managing partne | | | urities of the issuer; |
| Check Box(es) that Apply: | | Promoter | | Beneficial Owner | | Executive Officer | \boxtimes | Director | General and/or Managing Partner |
| Full Name (Last name first, Phillip Black | if indiv | idual) | | | | | | | |
| Business or Residence Addre ABS Ventures Group, Man | - | | | | ancisco | o, CA 94105 | | | |
| Check Box(es) that Apply: | | Promoter | | Beneficial Owner | | Executive Officer | \boxtimes | Director | General and/or Managing Partner |
| Full Name (Last name first, Phil Gianos | f indiv | idual) | | | | | | | |
| Business or Residence Addre InterWest Partners Group | | | - | • | Menlo | Park, CA 940 2 5 | | | |
| Check Box(es) that Apply: | | Promoter | | Beneficial Owner | | Executive Officer | \boxtimes | Director | General and/or Managing Partner |
| Full Name (Last name first, i Richard Moley | findiv | idual) | | | | | | | |
| Business or Residence Addre | | | et, City | , State, Zip Code) | | | | | |
| Check Box(es) that Apply: | | Promoter | | Beneficial Owner | \boxtimes | Executive Officer | | Director | General and/or Managing Partner |
| Full Name (Last name first, i Rick Thau | f indivi | dual) | | | | | | | |
| Business or Residence Addre 3121 Jay Street, Santa Clar | | | et, City, | , State, Zip Code) | | | | | |
| Check Box(es) that Apply: | | Promoter | | Beneficial Owner | | Executive Officer | \boxtimes | Director | General and/or Managing Partner |
| Full Name (Last name first, i William Stensrud | findivi | dual) | | | | | | | - |
| Business or Residence Addre Enterprise Partners Ventu | | | | | a Jolla | ı, CA 92037 | | | |
| Check Box(es) that Apply: | | Promoter | ☒ | Beneficial Owner | \boxtimes | Executive Officer | | Director | General and/or Managing Partner |
| Full Name (Last name first, i William Leslie | indivi | dual) | | | | | | _ | |
| Business or Residence Addre LongBoard, Inc., 3121 Jay | | | | • | | | | | |
| Check Box(es) that Apply: | | Promoter | \boxtimes | Beneficial Owner | \boxtimes | Executive Officer | | Director | General and/or Managing Partner |
| Full Name (Last name first, it | indivi | dual) | | | | | | | |
| Business or Residence Addre LongBoard, Inc., 3121 Jay | | | | | • | | | | |
| | | (Use blan | sheet, | or copy and use add | litiona | copies of this sheet | as ne | cessary) | |

| | | A. | BASIC II | ENT | IFICATION DATA | | | |
|---|---|--------------------------------------|--|-------------|------------------------|-------------|----------|------------------------------------|
| Each beneficial owrEach executive office | equested for the follow e issuer, if the issuer ha her having the power to her and director of corpo anaging partner of partr | s been or vote or d orate issu | ispose, or direct the ers and of corporate | ote or | disposition of, 10% or | | | rities of the issuer, |
| Check Box(es) that Apply: | Promoter | \boxtimes | Beneficial Owner | | Executive Officer | | Director | General and/or Managing Partner |
| Full Name (Last name first, i | f individual) | | · · · · · · · · · · · · · · · · · · · | | | | | |
| ABS Ventures Group | | | | | · | | | |
| Business or Residence Addre | | | State, Zip Code) | | | | | |
| One South Street, Suite 215 | 0, Baltimore, MD 21 | 202 | | | · | | | |
| Check Box(es) that Apply: | Promoter | \boxtimes | Beneficial Owner | | Executive Officer | | Director | General and/or Managing Partner |
| Full Name (Last name first, i | individual) | | | | | | | |
| Enterprise Partners Ventur | e Capital Group | | | | | | | |
| Business or Residence Addre | | • | State, Zip Code) | | | | | |
| 7979 Ivanhoe Avenue, Suite | 550, La Jolla, CA 9 | 2037 | · | | | | | |
| | | | | _ | | | | |
| Check Box(es) that Apply: | Promoter | | Beneficial Owner | | Executive Officer | | Director | General and/or Managing Partner |
| Full Name (Last name first, if InterWest Partners Group | individual) | | | | | | | |
| Business or Residence Addre | ss (Number and Stree | t, City, S | State, Zip Code) | | | | | |
| 3000 Sand Hill Road, Buildi | | = | • | Flip (| Gianos | | | |
| Check Box(es) that Apply: | Promoter | | Beneficial Owner | | Executive Officer | | Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | - | | | | | | |
| London Pacific Life & Annu | uty Company | | | | | | | |
| Business or Residence Addres 3109 Poplarwood Court, Su | | | | | | | | |
| Check Box(es) that Apply: | Promoter | | Beneficial Owner | \boxtimes | Executive Officer | | Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | | _ | | |
| Richard Naslund | | | | | | | | |
| Business or Residence Address LongBoard, Inc., 3121 Jay 9 | | - | | | | | | |
| Check Box(es) that Apply: | Promoter | | Beneficial Owner | \boxtimes | Executive Officer | | Director | General and/or Managing Partner |
| Full Name (Last name first, if | individual) | | | | | | | <u> </u> |
| Tom Magas | | | | | | | | |
| Business or Residence Addres | s (Number and Street | , City, S | state, Zip Code) | | • | | | |
| LongBoard, Inc., 3121 Jay S | Street, Santa Clara, | CA 950: | 54 | | | | | |
| Check Box(es) that Apply: | Promoter | ⊠ F | Beneficial Owner | | Executive Officer | \boxtimes | Director | General and/or Managing Partner |
| Full Name (Last name first, if Kim Niederman | individual) | <u> </u> | | | | - | | |
| Business or Residence Addres | s (Number and Street | City 9 | tate Zin Code) | | | | | |
| LongBoard, Inc., 3121 Jay S | | - | - | | | | | |
| | (Use blank | sheet, o | r copy and use add | itiona | copies of this sheet, | as nec | essary) | |

| | | | <u> </u> | | В. | 1111 01 | WIATION. | ABOUT O | FFERING | | | | |
|--|--|--|--|---|---|---|------------------------------|---|---|----------------------|------------------------------|------------------------------|------------------------------|
| 1. F | Has the issu | uer sold, o | or does the is | suer intend to | sell, to non- | accredited in | vestors in this | s offering? | ******** | | ••••• | Yes | No ⊠ |
| | | | | | | | | _ | ınder ULOE. | | ı | _ | |
| 2. V | What is the | e minimun | n investment | that will be a | accepted fron | n any individ | ual? | | | | | \$ | n/a |
| 3. | Does the off | ffering per | mit joint ow | nership of a s | ingle unit? | .,,,,,,,, | | | •••• | | | Yes | No ⊠ |
| | | | | | | | | | indirectly, ar | | | | |
| | | | | | | | | | If a person to name of the b | | | | |
| | han five (5 lealer only. | | to be listed | are associate | d persons of | such a broke | er or dealer, y | ou may set f | orth the infor | nation for th | at broker or | | |
| | | | t, if individu | al) | | | | | | | | | |
| Busine | ss or Resid | dence Add | lress (Numbe | er and Street, | City, State, 2 | Zip Code) | | <u> </u> | <u> </u> | | | | |
| Name | of Associat | ted Broke | r or Dealer | | | | | | | | | | |
| States i | in Which P | Person Lis | ted Has Soli | cited or Inten | ds to Solicit | Purchasers | | | | · | | | |
| (Che | eck "All St | tates" or c | heck individ | uals States) | | | | | *************************************** | | | □ A | ll States |
| [Ai | L] . (| [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL | .] [| [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [[MA] | [MI] | [MN] | [MS] | [MO] |
| | ·m: | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| ſΜ | [1] { | | | | | (T CC) | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| [M | | [SC] | [SD] | [TN] | [TX] | [UT] | [,1] | . [• • •] | | | | | |
| [RI | [] | <u>. </u> | [SD] | | [TX] | | [*1] | - [• • • • • • • • • • • • • • • • • • | | | | | |
| [RI Full Na | I] [| name first | , if individua | al) | | | [,,,] | . [771] | | | | | |
| [RI Full Na | I] [| name first | , if individua | | | | [*1] | · [vvj | | | | | |
| [RI Full Na Busines | I] [| name first | , if individua | al) | | | [*1] | . [771] | | | | | |
| Full Na Busines | I] [arme (Last n ass or Resident | name first | , if individua ress (Number or Dealer | al) | City, State, 2 | Zip Code) | [**] | · [VA] | | | | | |
| Full Na Busines Name o | I] [ss or Resident Associated in Which Person II] | name first. dence Add ted Broker | ress (Number or Dealer | er and Street, | City, State, 2 | Zip Code) | | | | | | A | Il States |
| Full Na Busines Name o | arme (Last not see of Associated not Which Peeck "All State | name first. dence Add ted Broker | ress (Number or Dealer | er and Street, | City, State, 2 | Zip Code) | | | [DC] | [FL] | [GA] | ☐ A | Il States |
| Full Na Busines Name of | arme (Last no Secondary Control of Associated no Which Percent and State of L] | name first. dence Add ted Broker Person List tates" or cl | ress (Number or Dealer led Has Solidheck individual | er and Street, | City, State, 2 | Zip Code) | | | | | | _ | |
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| Full Na Busines Name of States in (Che [Al [IL [M [RI Full Na Busines Name of States in (Che [Al [Al [Al [Al [Al [Al [Al [A | arme (Last mass or Resident Mich Percent "All State It | name first. dence Add ted Broker Person List tates" or cl [AK] [IN] [NE] [SC] name first, dence Addr ted Broker erson List tates" or cl [AK] | ress (Number or Dealer led Has Solidheck individual [AZ] [SD] sif individual ress (Number or Dealer led Has Solidheck individual ress (Number or Dealer led Has Solidheck individual [AZ] | er and Street, cited or Intenduals States) [AR] [KS] [NH] [TN] r and Street, of the cited or Intenduals States) [AR] | City, State, Z ds to Solicit I [CA] [KY] [NJ] [TX] City, State, Z | Purchasers [CO] [LA] [NM] [UT] Cip Code) | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [[MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] |

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | | |
|----|---|------|---------------------------------------|----------------|---------------------|
| | Type of Security | | aggregate Fering Price | | nt Already Sold |
| | Debt | | 0 | \$ | 0 |
| | Equity | S 20 | 0,000,000.00 | \$ 10, | 266,631.91 |
| | ☐ Common ☒ Preferred | | | | • |
| | Convertible Securities (including warrants) | s | 0 | S | 0 |
| | Partnership Interests | S | 0 | \$ | |
| | Other (Specify) | S | 0 | \$ | 0 |
| | Total | | | \$ 10 | ,266,631.91 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | | Ag | gregate |
| | | | Number nvestors | | r Amount urchase |
| | Accredited investors | | 32 | \$ <u>10,2</u> | 66,631.91 |
| | Non-accredited Investors | | 0 | \$ | 0 |
| | Total (for filings under Rule 504 only) | | | \$ | |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | , | m . e | D 11 | |
| | Type of Offering | | Type of Security | | r Amount Sold |
| | Rule 505 | | · | \$ | |
| | Regulation A | | | \$ | |
| | Rule 504 | | | \$ | |
| | Total | | | \$ | |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | · · · · · · · · · · · · · · · · · · · | | |
| | Transfer Agent's Fees | | | \$ | |
| | Printing and Engraving Costs | | | \$ | |
| | Legal Fees | | \boxtimes | S | 50,000.00 |
| | Accounting Fees | | | \$ | |
| | Engineering Fees. | | | \$ | |
| | Sales Commissions (specify finders' fees separately) | | | \$ \$ | |
| | Other Expenses (identify) | | | \$ | |
| | Total | | ⊠ | \$ | 0,000.00 |
| | | | | <u> </u> | 0,000.00 |

| Salaries and fees | | total expenses furnished in response to Part C | offering price given in response to Part C - Question 1 and - Question 4.a. This difference is the "adjusted gross | | \$ <u>19,950,000.00</u> |
|--|------|--|--|-----------------------|-------------------------|
| Salaries and fees S Payments To Others Salaries and fees S S S Purchase of real estate S S S Purchase, rental or leasing and installation of machinery and equipment. S S Construction or leasing of plant buildings and facilities S S Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) S S Repayment of indebtedness S S S Working capital S S S S Column Totals S S S S Column Totals S S S S Total Payments Listed (column totals added) D FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitute undertaking by the issuer to furnish the U.S. Securities and Exchange Commission upon written request of its staff, the information furnished by the issuer to any accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Signature Date Date Date Title of Signer (Print or Type) Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date | 5. | the purposes shown. If the amount for any pur left of the estimate. The total of the payments | rpose is not known, furnish an estimate and check the box to s listed must equal the adjusted gross proceeds to the issue | the | |
| Purchase of real estate | | • | | Officers, Directors & | Payments To Others |
| Purchase, rental or leasing and installation of machinery and equipment | | Salaries and fees | | . 🔲 \$ | □ \$ |
| Construction or leasing of plant buildings and facilities SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS | | Purchase of real estate | | 🗆 \$ | □ \$ |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | | Purchase, rental or leasing and installation of | machinery and equipment | 🗆 \$ | □ s |
| used in exchange for the assets or securities of another issuer pursuant to a merger) | | Construction or leasing of plant buildings and | facilities | 🔲 \$ | □ s |
| Working capital S19,950,000. Other (specify): S S19,950,000. Column Totals S S19,950,000. Total Payments Listed (column totals added) S 19,950,000. D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitute undertaking by the issuer to furnish the U.S. Securities and Exchange Commission upon written request of its staff, the information furnished by the issuer to any inceredited investor pursuant to paragraph (b)(2) of Rule 502. Signature Date LongBoard, Inc. Date 5/13/02 Title of Signer (Print or Type) Title of Signer (Print or Type) | | Acquisition of other businesses (including the used in exchange for the assets or securities o | value of securities involved in this offering that may be f another issuer pursuant to a merger) | 🗆 \$ | |
| Other (specify): | | Repayment of indebtedness | | 🔲 \$ | □ \$ |
| Column Totals S19,950,000. Total Payments Listed (column totals added). D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitute indertaking by the issuer to furnish the U.S. Securities and Exchange Commission upon written request of its staff, the information furnished by the issuer to any inccredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) LongBoard, Inc. Name of Signer (Print or Type) Title of Signer (Print or Type) | | Working capital | | . 🗆 \$ | \$19,950,000.00 |
| Total Payments Listed (column totals added) | | Other (specify): | | . 🗆 \$ | □ s |
| D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitute undertaking by the issuer to furnish the U.S. Securities and Exchange Commission upon written request of its staff, the information furnished by the issuer to any accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) LongBoard, Inc. Name of Signer (Print or Type) Title/of Signer (Print or Type) | | Column Totals | | 🔲 \$ | \$19,950,000.00 |
| The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitute undertaking by the issuer to furnish the U.S. Securities and Exchange Commission upon written request of its staff, the information furnished by the issuer to any accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) LongBoard, Inc. Name of Signer (Print or Type) Title/of Signer (Print or Type) | | Total Payments Listed (column totals ad | ded) | . 🛛 \$ 19,95 | 0,000.00 |
| Issuer (Print or Type) LongBoard, Inc. Name of Signer (Print or Type) Title of Signer (Print or Type) Title of Signer (Print or Type) | | | D. FEDERAL SIGNATURE | | |
| LongBoard, Inc. Name of Signer (Print or Type) Title of Signer (Print or Type) | ınde | rtaking by the issuer to furnish the U.S. Securitie | es and Exchange Commission upon written request of its staf | | |
| Name of Signer (Print or Type) Title of Signer (Print or Type) | | · · · · · · · · · · · · · · · · · · · | Signature 1 | Date 5/13/00 | |
| Rick Thau President | Van | e of Signer (Print or Type) | | 7/17/02 | |
| | ₹ick | Thau | President | | |
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| 1. | Is any party described in 17 CFR 230.262 pre | E. STATE SIGNATURE sently subject to any of the disqualification provisions of such rule? | Yes | No ⊠ |
|-----|---|--|----------------|----------|
| | | See Appendix, Column 5, for state response. | | |
| 2. | The undersigned issuer hereby undertakes to 239.500) at such times as required by state law | furnish to any state administrator of any state in which this notice is filed, a notice ow. | n Form D (1 | 7 CFR |
| 3. | The undersigned issuer hereby undertakes to t | urnish to the state administrators, upon written request, information furnished by th | ne issuer to o | fferees. |
| 4. | | ner is familiar with the conditions that must be satisfied to be entitled to the Uniform notice is filed and understands that the issuer claiming the availability of this exemp trisfied. | | |
| | s issuer has read this notification and knows the horized person. | contents to be true and has duly caused this notice to be signed on its behalf by the | undersigned | duly |
| | uer (Print or Type) ngBoard, Inc. | Signature Date 5/13/02 | | |
| | me of Signer (Print or Type) | Title of Signer (Print or Type) | | |
| Ric | k Thau | President | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.